

LMHP RENEWAL NOTICE

and
Marriage and Family Therapy, Professional Counseling and Master Social Work

Make Payable to:
CREDENTIALING DIVISION
Phone: (402) 471-4905
Cindy Kelley

Address:
Credentialing Division
P.O. BOX 94986
LINCOLN, NE 68509-4986

NOTE: If your name has changed submit a photocopy of a marriage certificate, court order, etc. If not submitted, your license will be issued in name as printed below. The below name/address also appears on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi>

Your **Mental Health Practitioner License** and associated certificate (if applicable) expires **September 1, 2006**. The total fee and this document must be postmarked on or before 9-1-06 to avoid the late fee of \$25.00 per credential.

☐ **Check this box if your address changed during the past 2 years.**

Name:	
Address:	
City:	
State/Zip:	

Mental Health License FEES & STATUS:

Check Requested Status:

LMHP License #: _____

☐ ACTIVE \$52.00

☐ INACTIVE \$25.00

☐ LAPSED No Fee

*Definition of **Lapsed** and **Inactive** is on the bottom of this notice.

☐ ACTIVE with **MILITARY** WAIVER *No Fee

*(See Waiver section on page 2 of this form)

Certificate STATUS:

Check Requested Status, Certificate Type and list your Cert #. If you hold more than 1 certificate, the following fees are charged per credential:

Cert #:	
<input type="checkbox"/> PC	
<input type="checkbox"/> MFT	
<input type="checkbox"/> MSW	

☐ ACTIVE \$25.00

☐ INACTIVE \$25.00

☐ LAPSED No Fee

☐ ACTIVE with **MILITARY** WAIVER No Fee

TWO YEAR RENEWAL - To renew your MFT or CPC, you must also renew your mental health practice license. If you choose to only renew your MSW, you can no longer provide mental health services. **SUBMIT FEE AND THIS ENTIRE DOCUMENT.**

YOU MUST ANSWER THE FOLLOWING 2 QUESTIONS: If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete. These questions relate to the time period since the last renewal of your license or during the time period since initial licensure in Nebraska if such occurred within the last 2 years:

1.	Have you been convicted of a misdemeanor or felony ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what were you convicted of: _____
	Date of Conviction: _____
2.	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you **answered YES** to the above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition;
- Copies of arrest records;
- A letter from the licensee/certificate holder explaining the nature of the conviction;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- A letter from the probation officer addressing probationary conditions and current status, if the licensee/certificate holder is currently on probation.
- If your license in health care in another state has been revoked, suspended, limited or disciplined in any way, an official copy of the disciplinary action, including charges and disposition.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. 71-168(4)).

CONTINUING EDUCATION: If you are requesting active status, you must complete the continuing education or waiver information on page 2 of this renewal notice and sign and date this form.

OTHER INFORMATION:

- ◆ **LATE FEE and ADMINISTRATIVE PENALTY:** If the renewal fee and/or this completed document are postmarked or submitted in person after the Expiration date, a penalty fee of \$25.00 will be assessed and you **may not practice** until the license is renewed. Licenses not renewed or placed on inactive or lapsed status will be Revoked 30 days after the expiration date. **An individual who practices after the expiration of his/her credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000** pursuant to 172 NAC 94-020 or such other action as provided in the statutes and regulations governing the credential.
- ◆ **INACTIVE MEANS:** You cannot practice as a Mental Health Practitioner after the expiration date of your license, but may represent yourself as having an inactive license. In order to move a license from inactive to active, you must complete an application, pay the renewal fee in effect at the time and meet continuing competency requirements. Continuing Education is NOT required to request Inactive Status, nor is a late fee charged.
- ◆ **LAPSED MEANS:** You cannot practice nor represent yourself as a Mental Health Practitioner. To restore your license to active status, you must reapply and meet the requirements for **initial licensure**, which are in effect at the time you wish to restore the license.

CONTINUING EDUCATION – MENTAL HEALTH PRACTICE

WAIVER OF CONTINUING EDUCATION: If you **have not** completed the continuing education requirement or were first licensed within the 24 months immediately prior to the expiration date (your license issuance date is on the front lower right corner), and wish to apply for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	Non-Practice: I hold a Nebraska license as a Mental Health Practitioner but am not engaged in Mental Health Practice in Nebraska.
<input type="checkbox"/>	Military: I have served in the regular armed forces of the United States during part of the twenty-four (24) months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.
<input type="checkbox"/>	Initial License: I was first licensed within the twenty-four months immediately preceding the licensure renewal date.
<input type="checkbox"/>	Not a Nebraska Resident: I am a legal resident of another state, territory, or the District of Columbia and have not practiced as a mental health practitioner in the State of Nebraska during the twenty-four (24) months immediately preceding the renewal date.
<input type="checkbox"/>	Illness/Disability: I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license renewal cannot occur.

CONTINUING EDUCATION HOURS: Identify the hours per category for all the continuing education programs you completed between SEPTEMBER 1, 2004 and AUGUST 31, 2006. You must have completed at least **32** hours of continuing education of which 2 hours must relate to ethics. Hours earned prior to this date will be not be acceptable; and hours earned in excess of the requirement may not be carried over for the next license renewal. **DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED THROUGH AN AUDIT.**

CONTINUING EDUCATION CATEGORIES	NUMBER OF HOURS YOU EARNED IN EACH CATEGORY
Academic Credit (must be graduate hours) 1 semester hour of academic credit = 15 continuing education credit hours. 1 semester hour credit audited = 8 hours of continuing education. 1 quarter hour of academic credit = 10 continuing education credit hours. 1 quarter hour credit audited = 5 hours of continuing education. 1 trimester hour of academic credit = 14 continuing education credit hours. 1 trimester hour credit audited = 7 hours of continuing education.	
Home Study Programs may accumulate up to 20 hours of continuing education per renewal period.	
Publications written by the licensee and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.	
Teaching a college/university course are calculated the same as academic credit; a licensee or certificate holder may accumulate up to 30 of the 32 hours per renewal period.	
Dissertations may accumulate up to 32 hours of continuing education per renewal period.	
Educational/Training Videos may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.	
Workshop/Seminar/Lecture, etc 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (ie 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.	
*Ethics – you must have earned at least 2 hours of ETHICS relating to mental health practice	*
TOTAL HOURS EARNED	

<u>ATTESTATION:</u> All certificate holders requesting a waiver or listing CE hours must sign and date this form. I hereby state that I am the person making this renewal application and the statements on this application are true and complete.		
_____ (Signature of Applicant)	_____ Date	
_____ (Social Security Number)*	_____ (Telephone Number) optional	_____ (E-mail Address) optional
*Mandated by Nebraska Child Support Law.		